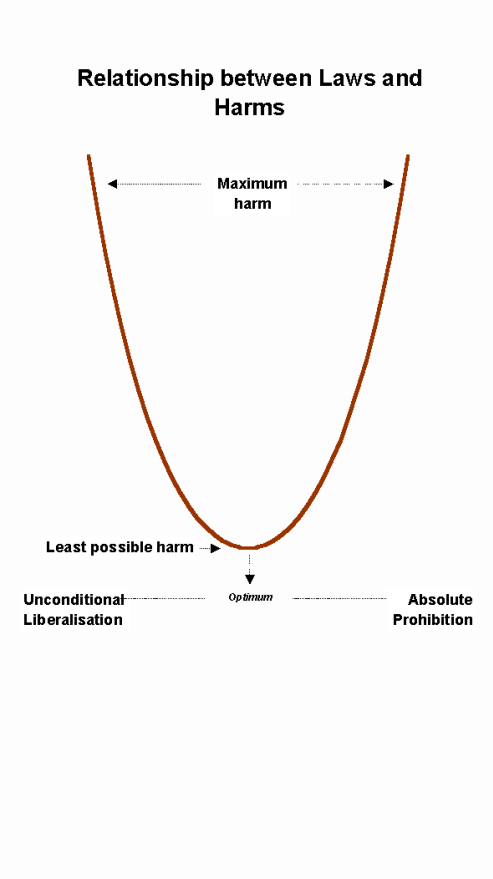
Families and Friends for Drug Law Reform

committed to preventing tragedy that arises from illicit drug use

Submission to the Western Australia Community Drug Summit

By

Families and Friends for Drug Law Reform



Introduction

Families and Friends for Drug Law Reform

Families and Friends for Drug Law Reform was formed in April 1995 around a group of people who had a child, relative or friend who had died from a drug overdose. The grief that all shared had turned into frustration and anger that those lives should have been lost; that all would be alive today if drug use and addiction was treated as a social and medical problem and not law and order one. Since then the group has been intent on reducing the tragedy from illicit drugs, reducing the marginalisation and shame, raising awareness of the issues surrounding illicit drugs and encouraging the search and adoption of better drug policies.

Families and Friends for Drug Law Reform does not promote the view that all drugs should be freely available. Based on the evidence it is clear that this extreme would be (as is the opposite extreme – total prohibition) detrimental to society.

Families and Friends for Drug Law Reform's interest is to promote sensible, evidence based drug policies that cause the least possible harm to individuals, their families and to society. It believes that this could best be achieved by treating drug abuse and addiction as a health issue rather than a criminal one.

Social Costs

The social costs of the current policies are far reaching. The current laws and policies have not prevented the drugs from reaching our young people but have given rise to:

- more concentrated forms being smuggled into the

country at exorbitant profits (and introduced more efficient but more dangerous ingestion routes ie injection),
- corruption of officials,
- growing drug related crimes,
- growth in prison industries,
- adverse health outcomes for users,
- marginalisation and stigmatisation,
- promotion of a particular moralistic stance that countenances widespread suffering and death as part of a crusade to achieve a mirage of a drug free society,
- inadequate treatment services, and
- disempowerment and fracturing of families.

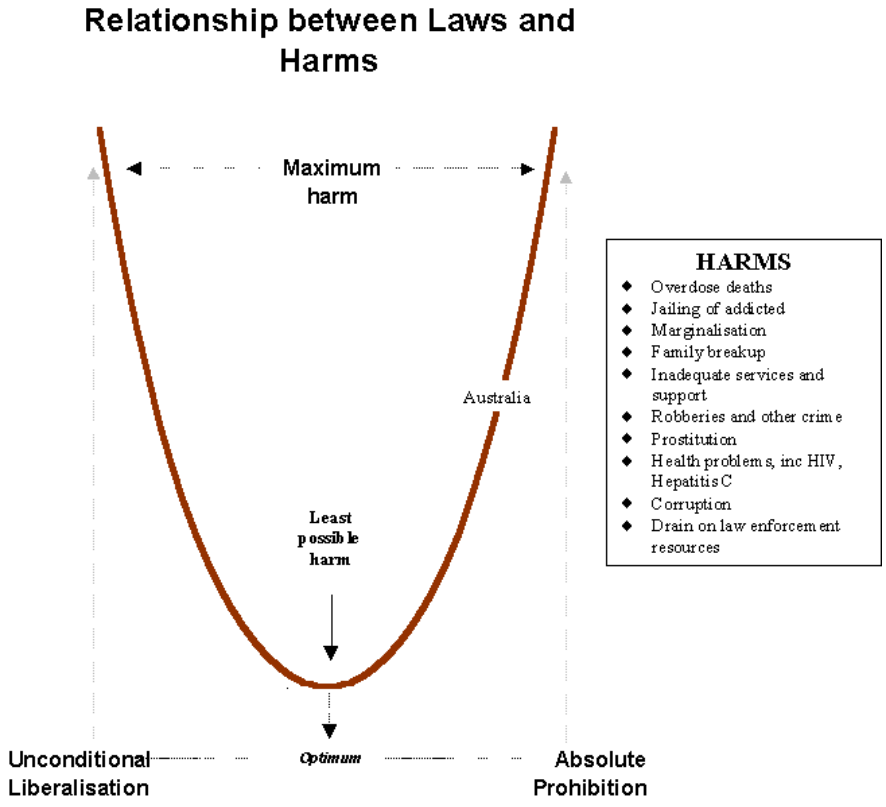
The life of a user and consequently for family members is often chaotic and highly stressful. Some examples of personal stories from families are included in *Attachment 1*.

In those cases where death occurs (whether it be by accident, suicide or by murder) the tragedy for family and friends is immeasurable.

Over the last 10 years over 4,300 persons have died from illicit drug overdose. That such a toll is met with an inadequate a response is a tragedy of national proportion. There are still not enough treatment options and services. There is now more treatment but the level of resources is not keeping pace with the growing need for it. Moreover, treatment through drug courts and diversion schemes is still backed by the threat of criminal sanctions. This further marginalises users from their family and support networks. For no medical condition other than addiction to illicit drugs is the criminal law given such a role. There is also too much reluctance to trial measures that are likely to work.

The following diagram illustrates the relationship between drugs, drug policy and harms. The two extremes of the debate of unconditional liberalisation and absolute prohibition result in

maximum harms. Fortunately Australia with its current prohibition policies is not at the extreme, which would include the death penalty for infringement of the drug laws, but it has not yet achieved the optimum balance between those extremes. **Governments need to strive to achieve that optimum balance by identifying the harms and working toward reducing them,**



We must be clear about our moral position

It is obvious that drug policy should not be made in a moral vacuum. For its part Families and Friends for Drug Law Reform believes it is morally wrong for governments to persevere with policies in the face of credible evidence that those policies intensify suffering and lead to death. Aware as so many of our members are of what addiction does to people, **we do not wish to see illicit drugs as available as they now are or for them to be commercially promoted like alcohol. On the other hand we utterly reject the proposition that we should work to achieve the mirage of a drug free society when that means continuing the alienation, stigmatisation, suffering and death of our youth.** Our duty should be to

promote the welfare of the individuals and the community and not wage an ideological war against addiction.

Attitudes

Attitudes of the community generally and of some doctors, some alcohol and drug professionals toward those addicted to drugs need to be addressed.

Because of the prohibition policies the community has been instilled with the attitude which sees drug addicts as misfits and criminals rather than people needing help. Treatment is often seen as a form of punishment rather than health care. This is rarely productive. Users are alienated and are less likely to seek help.

Drug policy

The performance promised by the United Nations' treaty regime that followed the Shanghai Conference in 1909 and the billions of dollars expended on law enforcement has been lamentable. The UN itself recognises this in the preamble to the latest multilateral drug treaty – the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.[1] It expresses deep concern about, and I quote:

> "the magnitude of and rising trend in the illicit production of, demand for and traffic in narcotic drugs and psychotropic substances",
>
> "the steadily increasing inroads into various social groups made by illicit traffic in narcotic drugs and psychotropic substances, and particularly by the fact that children are used in many parts of the world as an illicit drug consumers market and for purposes of illicit production, distribution and trade in narcotic drugs and psychotropic substances, which entails a danger of incalculable gravity",
>
> "the links between illicit traffic and other related organised criminal activities which undermine the legitimate economies and threaten the stability, security and sovereignty of States", and
>
> "large financial profits and wealth [generated by illicit traffic] enabling transnational criminal organisations to penetrate, contaminate and corrupt the structures of government, legitimate

> commercial and financial business, and society at all its levels".

The wonder is that the international community resolved in the 1988 convention to intensify the strategies of the previous 80 years rather than engage in a radical review of them. A commercial enterprise that persisted with such fruitless approaches would have gone to the wall long before.

Comprehensive Drug Policy Needed

The current drug policies comprise prohibition for some drugs and regulation for others. It is an unbalanced mishmash and often contradictory set of policies. For example what objective criteria has determined that some drugs are legal while others have been declared illegal?

Illicit drug use has increased from 1995 to 1998.[2] Overdose deaths have been increasing. There were 957 deaths in 1999. Although illicit drug seizures have risen, it does not reflect a reduction in availability of drugs, it is more a reflection of increasing supply and availability of drugs and perhaps another pointer to failure of current prohibition policies.

The current shortage of heroin, believed to be transitory, appears to be more a factor of weather and market manipulation than law enforcement. No shortage exists in other countries where greater resources have been applied to law enforcement. But a notable consequence of the shortage has been an increase in supply and use of other drugs.

The current illicit drug policy, of which the "Tough on Drugs Strategy" forms a part, has failed to stop the drugs from reaching our young people and there are indications that harm from illicit drugs is increasing. [3] The current illicit drug policies are not based on evidence. They are based on adherence to a ‘law and order’ approach and an unfounded faith of effectiveness with only minor concessions to health and education approaches.

Education is one aspect of implementation of those policies. Education programs are rarely evaluated and are presently of limited effectiveness.[4] If there is an expectation that provision of education to young people will assist them to live safely with drugs then greater effort and resources are required to find and implement education programs that deliver real benefits. Faith and expectation that such programs should work is not sufficient. **Objective and realistic evaluation and review of education programs based on evidence of what works is essential**.

The balance of funding allocation is wrong. It is contrary to evidence and research of what is effective. **A greater proportion of funding should go to favour health and social areas rather than law and order programs.**

Current Australian policies follow very closely the US model, although Australian policy has not yet been taken to the US extremes. There is no evidence that the US policy is effective. Drug use in US is spreading into country areas and the growing number of persons in prison for drug related offences continues to rise. US policing approaches the excesses of the inquisitions of the McCarthy era in its hunt for communists. For example a person apprehended for drug related matters receives a lighter sentence by "snitching" another person involved in drugs. An approach that can see drug dealers receive minimum sentences while a 'snitched' client (victim) receives the maximum sentence. **Families and Friends for Drug Law Reform cautions against further progression down the US path of the war on drugs.**

A comprehensive policy relating to all drugs is required. A revised policy based on evidence should take a more health-oriented approach. It would also look to policies in other countries which have been successful in reducing the level of harm caused by drugs and even the level of drug use itself.[6] It would take into account that, based on past evidence, it will not be possible to eliminate drugs from the world [5] and that we have to learn to live with drugs in the least harmful way. It would take into account the harms caused by the current policies themselves and not by the drugs they purport but fail to prohibit.

In addition, such a policy would contain a set of measurable social, health and economic objectives and a specified process for continuing evaluation and review. Such evaluations should be followed by revisions to the policy to improve effectiveness in terms of the social and economic objectives specified. There is a continual need for adjustment to maximise desired social outcomes

Funding to implement such policies should be on the basis of effectiveness as measured against the objectives. Rehabilitation and detoxification centres receiving government funding should be required to evaluate the effectiveness of their programs. Significant funding for trials and research to provide the sound scientific underpinning necessary to achieve effective policies is required.

Drug policy must be based on critically evaluated evidence

The community debate on drugs is characterised by fear, dogmatism and wildly conflicting claims. **It is of prime importance that existing and proposed measures should be continued or implemented only if there is sound evidence that they are working or are likely to do so.** Whether evidence is sound should be critically evaluated by those with recognised qualifications in the particular disciplines concerned. This evaluation should also be able to withstand critical lay scrutiny. Without such an approach, drug policy and the lives that depend on it will continue to be gambled away.

Equally, it is wrong to use lack of scientific proof as a smoke screen for rejecting a measure when there is evidence that the measure could be effective. At the very least measures for which there is strong evidence short of proof should be trialled.

Treatment

Treatment is seven times more effective than law enforcement [7] in reducing drug use. However at the moment treatment services are inadequate. Long waiting lists exist for one of the most effective and cheapest– methadone maintenance. People who wish to do something about their drug use today may have to wait for up to three months before treatment is available. It does not take a great deal of imagination to understand what may happen to them. The opportunity, and perhaps the only one that may present itself, will have been lost.

The Summit should identify the treatment delays experienced in government funded programs and recommend action that will overcome the delays. Government funded programs are the most important because these are where the most seriously affected, and often the poorest, have to turn for assistance.

The range of treatment options is limited. The nature of addiction as a chronic relapsing disorder should be recognised in the range of treatment options provided and in the way treatment options are offered. There is no one best treatment and there is as yet no miracle cure; a variety of treatments need to be provided. If, say, an abstinence treatment fails there should be another treatment option the person could be slotted into.

Because it is much more effective, a greater proportion of funding should be devoted to treatment and less to law enforcement. Lives could be saved but in addition, individual health would improve, family relationships could stabilise and

drug related crime would reduce. The latter aspect would provide not only social benefits but real economic benefits.[8]

No quality standards exist for drug treatment services. It is possible that a well intentioned but unqualified person could establish a drug treatment centre. The outcomes from such centres could be tragic. **The government needs to establish standards under which such services can be established and operated.**

Current policies contribute to the disempowerment and fracturing of families – the fundamental societal building block. Wherever possible it is important to maintain family links – particularly in provision of treatment.

Changes to the way in which addiction is managed would provide social benefits. The following principles should be applied in the management of drug addiction:

include families in treatment regimes,

reduce the stigma and shame that makes it doubly hard to overcome addiction,

coordinate the provision of treatment services,

ensure treatment services are non-punitive and non-judgemental, and

provide an equivalent level of treatment for addiction as is provided for other health conditions.

Treatments for drug addiction should be independent of political processes

The debate about drug treatment and interventions is characterised by controversy and emotion. The controversy cuts across party political lines and cuts across police and justice areas. It is not only the controversy but also involves inappropriate intervention by political, police and judicial areas as well. In most other areas of health this would not be tolerated.

No headway will be achieved until governments are prepared to be guided by the best available advice on what works. While health measures remain political footballs we can be certain of only one thing: that the problem will get worse and worse.

There needs to be a clear arms-length separation of the health aspects of problematic drug use from the political and policing arenas.

We believe that an independent authority of highly qualified people needs to be established to deal with drug and alcohol public health interventions. This authority, perhaps like the Board of the Reserve Bank, should be independent and technically qualified and would prescribe and administer appropriate standards for provision of treatment and services for drug and alcohol matters. Service providers should undergo accreditation.

Compulsory treatment, prisons and drug courts

Families and Friends for Drug Law Reform notes that the federal government provides funding for diversion to compulsory treatment or counselling and many state jurisdictions are trialing or considering drug courts. On balance, compulsory treatments provide no greater results than non-compulsory treatments. In Sweden where compulsory diversion to treatment is standard practice there is no greater abstinence rates.[9] Moreover, it appears that a user who is put through such a process is actually at greater risk of overdose. This risk of overdose is also high for those who have recently been discharged from places like prisons where people may have stopped using drugs. **Special attention should be paid to this by providing transitional support on release from prison and on leaving abstinence based drug treatment.**

The current drug court trials in NSW and other jurisdictions provide a Rolls Royce standard of treatment to a limited number of users. The intervention is very expensive and deals with issues after the event. The same funding used for the drug court could have reduced the methadone program waiting list significantly which in turn is likely to have had an even greater effect on the reduction of the crime rate. More funding should be diverted to interventions targeting users before they become entangled with the legal system than to later interventions such as drug courts. Too little funding and research has been put into dealing with the basic causes and the associated health problems (eg family breakdown, unemployment, homelessness, poverty, mental illness, experimentation, etc). This should be rectified. It would be more cost effective to be pro-active by dealing with the causes and not with the consequences such as

crime caused by the need to obtain money to support a drug addiction.

If a person appears before a drug court it is most likely that society and the system has already failed that person.

Lack of support and information for families

Many of our members have experienced stigmatisation, lack of support and support services and inadequate and often inappropriate advice when trying to deal with a drug-using member of the family. As a result families often adopt inappropriate responses. All too often that bad advice or information costs a life. Telling someone not to take drugs when they are addicted to them and have tried several times to give them up is worse than useless. **Those who are using drugs should be taught survival skills** such as the avoidance of blood borne diseases by using clean syringes and avoidance of fatal overdose by not using alone. They should be trained in basic resuscitation techniques. **They must not be deterred from calling an ambulance for fear of police attendance.** The evidence shows that if users can be kept alive they will more than likely get over their drug habit. Processes that lead to more and better support and information for families should be put in place.

Police issues

The stated aim of all Australian Law Enforcement Agencies is to catch the Mr Bigs, not so much to catch the drug user. In the latest Australian Illicit Drug Report 1999 - 2000 there were 66,723 arrests of drug users and only 14,601 arrests of drug providers. WA has similar results, where in 1999/2000 6,914 consumers were arrested and only 1,914 providers were arrested. The chances are that a large proportion of the drug providers arrested were dependent drug users who were user-dealers, that is supplying drugs to others so that they could support their own habit. Such large arrests of consumers have little if any impact on the availability or price of drugs. It does however have a large social and family impact for the consumer if a criminal record results. This is not so much a criticism of the police but simply identifying the difficulty or in fact the impossibility of these approaches to have anything other than a marginal effect on drug supply or demand.

Arrests of such large numbers of consumers, the majority of whom are arrested for cannabis use, particularly when there is little or no measurable outcome, is a serious waste of police resources. If the aim of police activity is to capture the Mr Bigs,

and to reduce the supply of drugs then police funding should be on the basis of demonstrated success in these areas.

It is noted that police in many jurisdictions do not attend overdoses and often advertise this fact so that when a person does overdose, friends will be more likely to call an ambulance. **The Summit should encourage Western Australian police to follow this practice, if they do not already do so.** When the ambulance is called the matter is a health and not a police issue – saving a life is most important and this is the role of the ambulance officers.

Economic Costs

Illicit drugs are the subject of a gigantic, unregulated and untaxed black market industry. In 1997 Access Economics estimated the industry to have a turnover in Australia of $7 billion which placed it between tobacco ($4.2 billion) and behind gambling ($9.6). The indications are that this is a substantial underestimate. A recent study by the University of Western Australia estimated annual expenditure in 1995 on marijuana alone as $5.072 billion. This represents a 33% growth since 1988.[10] Estimates of drug use trends suggest that turnover is steadily increasing. As Access Economic pointed out "Imposition of a GST would do little to tax this part of the black economy".

The illicit drug industry appears to distort the normal economic models of supply and demand. Because many of the drugs are addictive, demand for them is relatively insensitive to price so that it is possible that while increased law enforcement effort may increase price, demand will not be greatly reduced. In that case it could be expected that addicted users will respond by seeking to increase their income by actions such as increased drug dealing or property crime.

Much of the economic cost is unknown. An attempt to quantify the total cost could be important in that it will provide independent and complementary advice to studies relating to health as well as the wellbeing of the community as a whole.

Attachments

Personal stories

A mother’s story

We first discovered our son was using heroin just a little over two weeks before he died. He had overdosed close to our home and a friend alerted us. Our daughter called the ambulance. My son was unconscious. I was distraught. I was so thankful that the ambulance men were there quietly and efficiently helping my son. But I couldn't understand why the police were also there harassing me, my daughter and my son's friend. There has to be something terribly wrong when a parent is harassed by police when she has just discovered her son's life is in jeopardy. My gut feeling that night was that this was not right, there was something very wrong with this system. I guess this was the beginning of my belief that there was an injustice in our drug laws. You see, I knew my son, the police didn't. They would have seen him the way the laws told them to see him – as a criminal. Here was an opportunity to help him. He had not harmed anyone else – but the law got in the way.

The ambulance took my son to hospital but he awoke to find the police at the end of his bed. He discharged himself and for the next two weeks we saw little of him – he was afraid the police would call. He then took a hurried, unplanned holiday. He overdosed and died while on that holiday. He was alone at the time. Involvement of the law frightened my son away from available treatment and help.

It was August 1992 when I discovered that my son was using heroin and in September 1992, just two weeks later, at the age of 24 my son was dead.

He accomplished so much in his short life including having a book of computer programs published at the age of 16. He was Captain of his Primary School, he received distinctions in the Australian Mathematics Competition every year from year 7 to yr 12, he was an accomplished cross-country runner, played the organ, worked on a paper run, did all the things most kids do. Who would have thought this could happen to him? He was baptised and confirmed in the Christian Church. He attended Sunday School, youth group and church for many years.

Just six months before he died he graduated with a degree in computer science, he had a good job and his later hobbies were playing chess and doing the daily cryptic crossword. Did he fit the stereotype that many people have towards young people who use drugs? I think not! I know that many do not deserve the stigma that is placed on them and their families by society.

Dean

Dean, the brother of one of our members died from a heroin overdose. He was 28 years old. He had become dependant on

heroin some years before but unlike the stereotype that is portrayed, he was able to hold down a steady job. His employer held him in high regard even though he knew of Deane's drug problem. Dean had been on the ACT's methadone program and had reduced to the lowest dose.

He was depressed by his inability to get completely off methadone and felt as if he was being treated as a virtual prisoner under remote surveillance by the need to attend the methadone clinic every morning on his way to work as well as random urine testing to prove he was not using heroin. There were limited treatment options available and there was a stigma associated with being a dependent drug user.

Central Coast

A Central Coast father did everything he could to arrange treatment for his daughter. He was finally successful in finding her a residential treatment bed and then rang every day to check her progress. When he was allowed, and it was infrequent, he spoke to her on the telephone. He was not allowed to visit.

One day after being told his daughter was progressing well she was caught smoking tobacco on the roof with another inmate and they were both evicted. Her father was not contacted to collect her nor was he advised of the situation.

The next day he received a visit from the police. His daughter had a fatal overdose of heroin the night she was evicted.

Peta's brother

Peta's brother who is serving a 15 year sentence for armed robbery which he committed to support heroin dependency, went into prison at 22 years of age and is now 34.

He accepts responsibility for his actions but he, along with 7 out of 10 other inmates in this gaol for drug related crime, has trouble accepting how keeping him in prison will help his addiction - the real reason for his incarceration. He asks the question how can you abstain in an environment like a prison where drugs are available?

Each time he relapses and uses drugs, (relapse is common in addiction) he is punished further. Points are scored against him and his parole date recedes.

Duncan Campbell

Duncan Campbell who writes a column in the Australian newspaper claimed in the title of one of his articles that "Addicts deserve a dose of empathy". The subtitle was "The war on drugs failed to save my child". Duncan Campbell describes how his daughter tried and failed all the currently known treatments including naltrexone. He writes "Imagine living and dying like this for 20 years. Imagine repeatedly trying the seven ways [of overcoming heroin addiction], and always relapsing and eroding your self-respect. Imagine desperately finding money and faking your life away. Imagine having to depend on the most callous criminals. Imagine wishing the impossible: just to visit your family doctor for regular small injections or prescriptions."

His daughter Jennifer was found dead in the kitchen by her partner. Her partner did not use heroin but he loved Jennifer despite the fact that she was dependent on heroin.

Endnotes

1 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, done at Vienna on 20 December 1988 (Aust. TS 1993 no. 4. UKTS 1992 no. 26 (Cm 1927); Cm 804; ILM vol. 28, p. 493).

2 1998 National Drug Strategy Household Survey, Australian Institute of health and Welfare.

3 The one shining exception is the ongoing benefits from introduction of the needle exchange in 1985 as part of the harm minimisation strategy.
See Tough on Drugs Report Card at "http://www.ffdlr.org.au/media/Report card.rtf"

4 See Educating young people about drugs: A systematic review, David White and Martin Pitts, Addiction (1998) 93(10), 1475 – 1487.

5 Examination of the United Nations Drug Control Program Annual Reports shows that the weather conditions prevailing in producer countries have greater influence on opium production then the resources and efforts of the United Nations.

6 The most recent household surveys show that the Netherlands has less than half the Australian usage rate of those who have ever used cannabis (15.6% compared to 39.3%).

7 Controlling Cocaine: Supply versus demand programs, C Peter Rydell & Susan S Everingham, Rand Drug Policy Research Centre.

8 The Swiss have estimated that a net benefit of 45 Swiss francs per patient day flowed from their heroin prescription program. Similar results can be calculated for methadone treatment.

9 See Lesson lost in the translation by Richard Walsh, "http://www.ffdlr.org.au/commentary/Lesson lost in the translation by Richard Walsh.htm"; and Sweden's drug policy – does it have the answers for Australia by B McConnell, "http://www.ffdlr.org.au/commentary/Swedens drug policy.htm".

10 The economics of marijuana production, Clements & Daryl, (1999)